

(For office use only) **Montana Operating Engineers** # _____
Associated General Contractors
Training Trust
Rank Score _____
Apprentice Application Date _____

Name: _____
 Last *First* *Middle*
Address _____ City _____
State _____ Zip Code _____ Social Security Number: XXX-XX-_____
Phone: _____ Cell Phone: _____
MT Driver's License No: _____ CDL: () Yes () No
Endorsements: _____

1. What type of training are you applying for? () Heavy Equipment Mechanic
() Heavy Equipment Operation
2. Do you have a high school diploma? _____ If so, please provide a copy.
Do you have a G.E.D. certificate instead of a diploma? _____ If so, please provide a copy.
3. Have you had any job related training in the military service? Yes _____ No _____
If yes, describe _____

4. If accepted are you willing to relocate to job locations throughout the state of
Montana? _____ If no, please explain _____
5. If accepted do you have a reliable means of transportation to get to the job site on a
daily basis? _____ if no, please explain _____
6. Have you ever worked as a Journeyman Operating Engineer Operator or Mechanic
through the International Union of Operating Engineers (any local) Yes ___ No _____
If yes, when? _____ Local # _____
7. List your hobbies, civic and spare time activities _____

Special skills or Qualifications or any additional information you would like us to consider:

(You may exclude any which would reveal sex, race, religion, national origin, age ancestry, or disability or other protected status. The IUOE Training Program may make reasonable accommodations for any known disability that may interfere with an applicant's ability to compete in the recruitment and selection process or an employee's ability to perform the essential duties of the job. For consideration of any such accommodation, the applicant must make known any needed accommodation)

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| Education: | Elementary | High School | College/Vocational |
|--------------------------|------------|-------------|--------------------|
| School Name & Location | | | |
| Years Completed | 4 5 6 7 8 | 9 10 11 12 | 1 2 3 4 |
| Diploma/Degree | | | |
| Describe Course Of Study | | | |

Employment History: Please list 3 most recent employers.

| Employers Name & Address | Type of work | Dates Employed |
|--------------------------|--------------|----------------|
| 1. _____ | | |
| Reason for leaving _____ | | |
| 2. _____ | | |
| Reason for leaving _____ | | |
| 3. _____ | | |
| Reason for leaving _____ | | |

Personal References: Please list 3 references not related to you.

| Name & Address | Telephone Number | Relationship |
|----------------|------------------|--------------|
| 1. _____ | | |
| 2. _____ | | |
| 3. _____ | | |

I hereby certify that the foregoing information is true and correct to the best of my knowledge. I understand that false statements could result in the withdrawal of my application from the selection process and my dismissal from the program if I am accepted. Further, I authorize the MT Operating Engineers and Associated General Contractors Training Program to contact any or all employers or references listed on this application form.

Applicant's Legal Signature

Statistical Information

The information requested on this page need not be given, and if given it will not be considered as part of the selection process. This page will be removed from the application form.

Information on this page will be used solely to determine the statistical make-up of those applying to the Apprenticeship Program. This information is used for periodic surveys and reports. Information is confidential and submission is voluntary.

Date of Birth_____ Age_____

1. Male _____ Female_____

2. Race or Ethnic Derivation (please check)

() Hispanic

() White

() Black

() American Indian or Alaskan Native

() Asian or Pacific Islander

() Other_____

3. Check if any of the following are applicable:

() Vietnam-era Veteran

() Disabled Veteran

() Disabled Individual

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The Montana Operating Engineers-A.G.C. Joint Apprenticeship Council is an equal opportunity apprenticeship program. Qualified applicants will receive consideration for entry into the program without regard to race, color, religion, sex, and marital status, national origin, veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

To apply for the Apprenticeship Program you must meet the following requirements:

1. Applicant must be at least 18 years of age and be able to submit proof.
2. Applicant must have a High School diploma or G.E.D. certificate.
3. Applicants must submit a copy of their High School diploma or G.E.D. certificate along with your completed application
4. Applicant must have a valid Montana Driver's License (or obtain one prior to Entering the program)
5. Applicant must be willing to commute or relocate to job locations throughout The State of Montana
6. Proof of citizenship or immigration status will be required upon employment.
7. Applicant must present a DOT physical from a medical doctor that applicant is physically fit for the work of the Operating Engineers trade upon acceptance to the Apprenticeship.
8. The application, along with the copy of a High School diploma or G.E.D. Certificate must be received by the Apprenticeship Program at the following address:

M.O.E.-A.G.C. Training Trust
3110 Canyon Ferry Road
East Helena, MT 59635
Phone: (406) 227-5600
FAX: (406)227-5506
Email
MOEAGCJATT@MT.NET